Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				ſ	RATE	FEE	[	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		İ	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			14 minus 20=		* 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS								X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		<b>∠</b> □			+140=		OR	+280=	
* If	the difference	in column 1 is	less than z	ess than zero, enter "0" in o			1	TOTAL		OR	TOTAL	822
CLAIMS AS AMENDED - PART II								•			OTHER	
		(Column 1)	(Colum			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	***	COLAINA	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	INTATION OF M	OLI IPLE DE	PENDEN	CLAIN			+140=		OR	+280=	
								TOTAL ADDIT. FEE			OR ADDIT. FEE	
					7							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	HIRST PRESE	N FATION OF M	ULTIPLE DEPENDENT		I CLAIM		1	+140=		OR	+280=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								addit. Fee	L	10,,	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH	HEST	(Column 3)	1 1		ADDI	3		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	1
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<del> </del>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		mber Previously P					er fol	und in the ap	propriate bo	x in co	olumn 1.	